MIAMIDADE	Financial Statement For Full-time County and Municipal Employees										
Please Print or Type				Disclosur	e for						
Last		First	Middle	Tax Year	Ending:						
Name:				1							
Filing as a (check one)  Miami-Dade County Employee  Municipal Employee of:  Advisory Board Member/Name of Board where serving											
Title of Position held	or sought:		Term/Employment began on:								
Department where e	mployed:		Work address:								
If your home addres pursuant to Florida here:											
Mailing address (Stro	eet Name and I	Number)	Apt#								
City		State	Zip Code								
FINANCIAL STATEMENT (Required by Miami Dade County Code, Section 2-11.1(i) as amended) Please list the requested information below. Amounts under \$1,000 need not be listed. If continued on a separate sheet. Please check here:											
ASSETS-Cash balances in savings and checking accounts, savings and loans, banks, credit unions, money market accounts, etc.											
Name of Institution	Address		Account #	Туре	Amount						
OTHER ASSETS MARKETABLE SECUR side			Subto								
MORTGAGES RECEIVABLE-List in detail on reverse side			TOTA								
NET WORTH IN BUS	NESS_Attach c	urrent statement									
REAL ESTATE OWNE			TYPE OF PROPERT	Υ	MARKET VALUE						

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Subtotal-Other Assets
Total-Cash & Other Assets

**CASH VALUE OF LIFE INSURANCE** 

**OTHER (Describe)** 

PERSONAL PROPERTY (Car, boat, furniture, etc.)

Owed To	Address	Account#	Da	ite curred	Origin Amou		Mon	thly nents	Balance Due
Jweu 10	Address	ACCOUNT#	1110	curreu	Aiiiou	iic	Payı	Henris	balance Due
TEE TNCIIE	 RANCE PAYMENT	re							
		PORT PAYMENTS							
NOTE CO-M	IAKER, ENDORS	ER OR ORIGINAT	ΓOR						
Total Asset	s Minus Total Li	abilities = Net W	orth	\$	Total	_			
MARKETARI E GEGURTETE					Liabili	ties	CUD	DENT M	ADVET MALLIE
MARKETABLE SECURITIES			Co	mpany	# of Shares		Per Share		RKET VALUE Total
				прапу	# 01 3	iiai es	rei .	Jilai C	Total
TOTAL MAS	WETABLE CECLU	DITIEC		F	<u> </u>			:	
IOIAL MAR	RKETABLE SECU	KIIIES		Enter in Ot	ner Ass	ets on	revers	se side	
MORTGAGE	S RECEIVABLE	T				1			
Address		Date		Original An	nount	Monti	alv Da	yments	Balance Due
Auui CSS		Date		Original Amount		MOHL	пу Ра	yments	Balafice Due
TOTAL MOI	TCACEC DECE	VADI F		Ft	<u> </u>			:	
IOIAL MOI	RTGAGES RECEI	VABLE		Enter in Ot	ner Asse	ets on r	evers	e siae	
I hereby sv	vear (or affirm)	that the aforesai	d info	ormation is a	a true ai	nd corr	ect sta	atement.	
Signature of Person Disclosing								Date Signed	

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## FINANCIAL STATEMENT

(Required by the Miami-Dade County Code, Section 2-11.1 (i), as amended)

The term INCOME shall include, but is not limited to, the following items: wages, salaries, tips; bonuses; commissions & fees; dividends, interest; profit from businesses and professions; your share of profits from partnerships and small business corporations; pensions, annuities & endowments; profits from the sale or exchange of real estate, securities or other property, including personal residence; rents and royalties; your share of estate or trust income, including accumulated distributions; alimony, separate maintenance or support payments; prizes, awards and gifts; fees as an Executor, Administrator or Director, disability retirement payments; workmen's compensation, insurance; damages, etc.

## **FILING INSTRUCTIONS**

A Source of Income Form, Financial Statement, Form 1 or copy of personal Income Tax forms may be filed to satisfy the filing requirement for County, Municipal employees and advisory board members. This form must be filed by July 1<sup>st</sup> of each year. The form should not be used as a substitute for Form 1 for those required to file under the state requirements.

Miami-Dade County personnel and Miami-Dade Advisory Board members shall file completed forms with:

Supervisor of Elections Miami-Dade Elections Department 2700 NW 87<sup>th</sup> Avenue Doral, Florida 33172

or

P.O. Box 521550 Miami, Florida 33152-1550

Municipal personnel and Municipal Advisory Board members shall file completed forms with:

**Their respective Municipal Clerk** 

For further information contact the Miami-Dade Elections Department at (305) 499-8400 or Municipal Clerk's Office.

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Note: The role of our office is to receive and maintain the forms filed as public record. If your home address appears on the form and you are exempt from public records and you do not wish it to be made public, you should use your office or other address. The following persons should <u>not</u> use their home addresses: active and former law enforcement personnel, including correctional and correctional probation officers; current or former state attorneys, assistant state attorneys, statewide prosecutors, and assistant statewide prosecutors; firefighters, justices and judges personnel of Department of Children and Family Services whose duties include the investigation of abuse, neglect, exploitation, fraud, theft or other criminal activities; and personnel of the Department of Revenue or local governments responsible for revenue collection and enforcement or child support enforcement; spouses of the above; and county and municipal code inspectors and code enforcement officers.